



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: SCHNECK MEDICAL CENTER (JACKSON COUNTY)

City of Hospital: Seymour

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Debbie Mann

Email Address: dmann@schneckmed.org

Medicare Provider Number: 150065

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

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|-------------------------------------|-------------|
| Inpatient Patient Service Revenue | \$67900485 |
| Outpatient Patient Service Revenue | \$295064505 |
| Total Gross Patient Service Revenue | \$362964990 |

2. Deductions From Revenue

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|-----------------------|-------------|
| Contractual Allowance | \$218862759 |
| Other Deductions | \$1997839 |
| Total Deductions | \$220860598 |

3. Total Operating Revenue

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|-----------------------------|-------------|
| Net Patient Service Revenue | \$154965664 |
| Other Operating Revenue | \$2340616 |
| Total Operating Revenue | \$157306280 |

4. Operating Expenses

| | | | |
|-------------------------------|-------------|-------------------|------------|
| Salaries and Wages | \$61612588 | Employee Benefits | \$18119759 |
| Depreciation and Amortization | \$7908050 | Interest Expense | \$754221 |
| Bad Debt | \$14182226 | Other Expenses | \$48461254 |
| Total Operating Expenses | \$151038098 | | |

5. Net Revenue and Expenses

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|-----------------------------------|------------|-------------------|-------------|
| Excess Revenue over Expenses | \$6268183 | Total Assets | \$360840598 |
| Net Non-operating Gains over Loss | \$13007245 | Total Liabilities | \$53331206 |

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|-----------------|------------|
| Total Net Gains | \$19275428 |
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| Statement Two: Contractual Allowance |
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| Revenue Source | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare | \$144879156 | \$110022242 | \$34856914 |
| Medicaid | \$61161153 | \$34275279 | \$26885874 |
| Other Government | \$0 | \$0 | \$0 |
| Other State | \$0 | \$0 | \$0 |
| Other Payers | \$156924681 | \$76563077 | \$80361604 |
| Total | \$362964990 | \$220860598 | \$142104392 |

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| Statement Three: Donations Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$160062 | \$29204 | \$130858 |

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| Statement Four: Research Statement |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0 | \$0 | \$0 |

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| Statement Five: Education Statement |
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| Education of | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$0 | \$0 | \$0 |
| Hospital Patients | \$0 | \$13963 | \$-13963 |
| Community Education | \$117962 | \$63169 | \$54793 |

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| Number of Medical Professionals Trained | 0 |
| Number of Hospital Patients Educated | 2584 |
| Number of Citizens Exposed to Health Education Messages | 344705 |

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| Statement Six: Charity Statement |
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|--------------------------|-----------|
| Hospital Charity Charges | \$1834813 |
|--------------------------|-----------|

| | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care | \$0 | \$523289 | |
| HCI Payments | \$0 | | |
| Subtotal | \$0 | \$523289 | \$-523289 |
| Medicaid Shortfalls | \$1953588 | \$4722170 | |
| Subtotal | \$1953588 | \$5245459 | \$-3291871 |
| DSH Payments | \$2,878,190 | | |
| Subtotal | \$4831778 | \$5245459 | \$-413681 |
| Medicare Shortfalls | \$13819409 | \$23544572 | |
| Other Government Programs | \$0 | \$0 | |
| Total | \$18651187 | \$28790031 | \$-10138844 |

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| Statement Seven: Subsidized Health Services for the Community |
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| | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs | \$0 | \$0 | \$0 |
| Community Assessment | \$0 | \$0 | \$0 |
| Provision of Taxes | \$0 | \$0 | \$0 |
| Other Allocations | \$6915251 | \$10962010 | \$-4046759 |

Comments

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